# Philips Medical Systems

## FIELD CHANGE ORDER — Service

| | | | | | |
|---|---|---|---|---|---|
| **Issued by** | : | DMC Hamburg | **Reference No.** | : | 00 135 012 |
| **Released** | : | V. Neumann signed | **Date** | : | September 2000 |
| **Publication No.** | : | 4512 980 58171 | **Product Group** | : | 742 |

***This FCO replaces the issue (00.0) of April 2000***

***OPTIMUS RAD 50***

**APPLIES TO:**

Optimus RAD 50 generators in combination with tubes X-Star 08 / X-Star 74 in Bucky TS systems.

| | |
|---|---|
| Optimus 50 RAD | 9848 600 00111 |
| Xstar Low Speed Rotor Control | 9890 000 02281 |

Serial numbers of concerned generators see attached site(s) list

**TITLE:**

X-Star tube and Rotor Control replacement

**LIST OF PAGES & DRAWINGS:**

1...4 (00.0) ANR (00.0)

**INTRODUCTION:**

**Symptom** : Arcing problems

**Cause** : The Rotor Control unit does not provide a continuous rotation supply. It is possible That the tube rotation slows down very fast after end of preparation. This can lead to anode overheating and results in arcing problems.

**Remedy** : Exchange of the complete low speed rotor control unit and replacement of the tube with RO 17 50.



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**MANPOWER / TIME TO COMPLETE:**

1 engineer 4 hours

**TOOLS & TEST EQUIPMENT:**

Standard tool set

**MODIFICATION KIT / PARTS REQUIRED:**

For all generators mentioned under APPLIES TO, the following parts can be ordered at SL Hamburg.

4512 104 91921 Replacement kit f. X-Star tube

comprising

| | |
|---|---|
| | Four counter weights |
| 9874 001 16022 | RO 17 50 – ROT 350 |
| 4512 108 05905 | PCB Roco LS |
| 4512 113 20311 | EPROM Basic interface EZ 150 D6 |
| 4512 100 46281 | Label |
| 4512 980 58171 | This document |

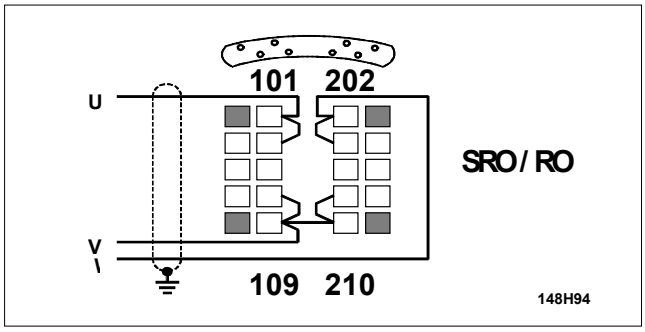
***Note***
The modification kit will be available Free Of Charge till the end of February 2001 at the spare part centre in Hamburg.

**PROCEDURE**:

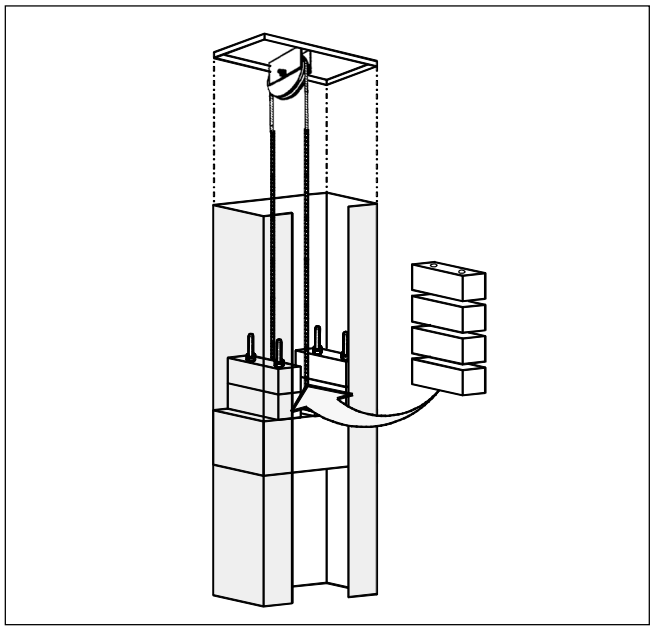
1. Replace the tube
- Install the stator cable like an Stator connection

**At the tube end:**

- Place the jumpers across terminals 100 and 200 accordingly.
- Connect up stator cable.
  Use wire 1 for phase U,
  wire 2 for phase V,
  wire 3 for phase W.
- Earth the screening of the stator cable at the tube housing with the metallic clamp.




2. Add four weights on column side.
   By replacement the tube X Star 8/74 to RO 17 - 50 the counter weight must be increased.
   Add four weights.
   The system must be counterbalanced now!

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3. Remove and discard the existing PCB low speed rotor control

4. Install the new PCB 4512 108 05905
   connections inside the generator and stator lines like the previous one.

5. Change the label on the rotor control mounting plate from 4512 104 71341 to 4512 104 71302
   use waterproof ink pen.

6. Exchange EPROM EZ 150 D6

7. Switch on the generator.

8. Connect the service PC and start XRGSCOPE.

9. Select >> Adjust >> CAN Auto Configuration >> < Ok > and reset the generator.

10. Select >> Program >> Tubes >> Tube 1, select RO17/50 RO350,
    - wait until the file is loaded,
    - then reset the generator.

11. Select >> Adjust >> Tube Adaptation and adapt the tube.

12. Note changes on the "STAMMKARTE"
    9890 000 02281 to 9890 000 02202
    4512 104 71341 to 4512 104 71302
    cross out
    Low Speed Rotor Control ~~X-Star~~
    ~~Roco LS FOR X-STAR~~
    ~~Software Roco LS for X-Star 4512 114 25801~~

13. Close all covers
    – Check all applicable functions.

14. Fillout page 3 of this FCO (Feedback information) and send as Fax or the requested information as Email to mentioned address.

**PARTS DISPOSAL:**

All parts are to be disposed of in a safe way in accordance with local Safety Regulations.
Exceptional the old X-ray tube,
to guarantee part disposal for the X-ray tube send it to:

Philips Medical Systems
Röntgenstrasse 24
22335 Hamburg

Attn. Return Dept. Building G

**Note**
No Return Authorization number is required because of the free of charge Modification kit PMS will not grant any credit for the old Tube.

**DOCUMENTATION:**

File this FCO in binder: OPTIMUS under Tab 8


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**Fax message**

**PHILIPS**

**Philips Medical Systems**
**Development and Manufacturing Centre**

| | | | | |
|---|---|---|---|---|
| **To:** | **Günther Kramm** | **Philips Medical Systems** | **Fax:** | +49 40 50 78 1611 |
| | Service Innovation generators | Email: Guenther.Kramm@philips.com | | |
| **From:** | | | Tel.: | |
| | | | Fax: | |

| | | | | |
|---|---|---|---|---|
| No. of pages: (incl. cover sheet) | **1** | please copy locally | Ref. : | Date: |

**Subject:** X-Star tube and Rotor Control replacement
**FCO 00 135 012**

HOSPITAL / ADDRESS :

LOCATION / FW SITE NO.:

SALES ORDER NO. / OA NO.:

Generator PEI :

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **9** | **8** | **4** | **8** | **6** | **0** | **0** | **0** | **0** | **1** | **1** | **1** |

Generator Serial Number :

Rotor Control LS PCB Barcode # : *(new PCB)*

Tube / Housing Serial number *(new tube)*

JOB NO. / SERVICE INCIDENT NO.:

☐ Completed per instruction on _____ DATE

BRANCH
REGION /
DEALER : _____

SERVICE UNIT /
SERVICE AREA NO.: _____

_____
SIGNATURE CUSTOMER SUPPORT ENGINEER

_____
DATE



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# FCO ACTION NOTIFICATION REPORT
# For local SSD use only; do not return to PMG.

| | |
|---|---|
| TITLE : ***X-Star tube and Rotor Control replacement*** | |
| CLASSIFICATION : ***Action for Performance*** | FCO REF. NO.: ***00 135 012*** |
| APPLIES TO : ***Optimus RAD 50 generators in combination with tubes X-Star 08 / X-Star 74 in Bucky TS systems.*** | |

| | |
|---|---|
| HOSPITAL / ADDRESS : | |
| LOCATION / FW SITE NO.: | SALES ORDER NO. / OA NO.: |

PRODUCT NUMBER : | | | | | | | | | | | | |

UNIT SERIAL NUMBER : | |

**ACTION ON THIS UNIT WAS**: (select one) JOB NO. / SERVICE INCIDENT NO.:

☐ Completed per instruction on _____ (DATE) | |

☐ Completed by the factory prior to delivery.

☐ Not completed as this unit is not affected per instruction because: (state reason)

_____

☐ Not completed because customer has unit in storage.
Required parts & instructions received by the customer.

CUSTOMER ACKNOWLEDGEMENT (Required for **MANDATORY ACTIONS** only).

The **REASON and PURPOSE** of this modification have been explained to me.

_____ CUSTOMER NAME (PLEASE PRINT) | _____ TITLE

_____ CUSTOMER SIGNATURE | _____ DATE

BRANCH
REGION /
DEALER : _____ | SERVICE UNIT /
SERVICE AREA NO.: _____

_____ SIGNATURE CUSTOMER SUPPORT ENGINEER | _____ DATE

_____ SIGNATURE CUSTOMER SUPPORT MANAGER

**MAIL TO : SSD Customer Support Manager**



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